

CITY OF GRAND FORKS
APPLICATION FOR LIQUOR LICENSE – PART II
 255 N. 4TH St. Grand Forks, ND 58203 * (701) 746-2620

PERSONAL INFORMATION

Directions: This form must be filled out in person with typewriter, electronically, or by printing in ink, by each individual, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5 percent.

Date:		Title:		
True Name:	First	Full Middle	Maiden	Last

Residence Address:

Business Name:

Business Address:

Place of Birth:	Date of Birth:
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Height	Weight	Hair Color:	Eye Color:
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If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

1. Please list all the address(es) at which you have lived during the past ten (10) years

Address:	Length of time at address _____ yrs. _____ mos.
Address:	Length of time at address _____ yrs. _____ mos.
Address:	Length of time at address _____ yrs. _____ mos.

Attach additional sheet if necessary.

2. Kind, name and location of every business or occupation you have been engaged in during preceding ten (10) years.

<u>Business/Occupation</u>	<u>Street Address</u>	<u>City/State</u>	<u>Dates</u>

3. Names and addresses of your employers and partners, if any, for the preceding ten (10) years.
(Begin with present or last one)

Names: Employers/Partners

Street Address

City, State

Dates

4. Have you ever been convicted of any crime, in this or any other state, or under any Federal Law? Yes No

If yes, the date of such conviction, the crime for which convicted, the amount and terms of sentence passed and the court in which convicted.

5. Have you ever been convicted of the violation of any law of the United States, of any state, or any local ordinance, with regard to the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

6. Have you ever had a license for the sale of alcoholic beverages revoked for any violation of state law or local ordinances? Yes No

If yes, list the name of the authorities, the dates of such revocation or suspension, and the reasons therefore:

7. (a) Have you ever had a license, permit or authorization to conduct gaming revoked or suspended for any violation of federal or state law or local ordinances? Yes No

If yes, list the names of the authorities ordering such revocation or suspension, the date of revocation and the reason therefore:

(b) Have you ever been convicted of a violation of any federal or state law or local ordinance related to gaming? Yes No

If yes, list the date(s), place(s), and court(s) in which said conviction(s) occurred.

8. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the manufacture, sale, distribution or possession of alcoholic beverages? Yes No

If yes, list the authorities involved, offenses, location, date and disposition of proceedings.

9. Have you ever been the subject of any federal, state, or local administrative proceedings which resulted in the revocation or suspension of a license or any other discipline regarding the conduct of gaming? Yes No

If yes, list the authorities involved, offense, location, date and disposition or proceedings.

10. Do you have any interest whatsoever directly or indirectly in any other establishment dispensing alcoholic beverages either at wholesale or retail within or without the State of North Dakota? Yes No

If yes, the name and addresses of such establishments.

11. Have you ever engaged or been employed in the sale or distribution of alcoholic beverages prior to this application? Yes No

If yes, state the place and type of business whether within or without the State of North Dakota, and the date first began to operate:

12. Have you ever, individually or with other, made application for an alcoholic beverage license? Yes No

If yes, state the circumstances, date, place and disposition.

13. List the names, residences and business addresses of three residents of the City of Grand Forks, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

Name:	Residence Address:
Phone :	Business Address:
Name:	Residence Address:
Phone:	Business Address:
Name:	Residence Address:
Phone:	Business Address:

Any false statements, material inaccuracies or material omissions to the above questions may result in the denial of the application or the revocation of an issued license.

Signature of Applicant

State of North Dakota)
County of Grand Forks)

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public